

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010123

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 34

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1085

2 1085

3

4 1

5 1

6

7 0

8 2

9 170X

10

11

12 1-0

13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 5 1963

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		c. CITY OR TOWN Nevada	
Length of stay in 1b 15 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		d. STREET ADDRESS (If outside, give location) 227 S. Washington	
3. NAME OF DECEASED (Type or print) WILMA ALICE BOWMAN		4. DATE OF DEATH Month: February Day: 22 Year: 1963	
5. SEX F	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-12-1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Journalist-Broadcaster		10b. KIND OF BUSINESS OR INDUSTRY Buffalo, Missouri	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME C. L. Wilkerson		13b. MOTHER'S MAIDEN NAME Cora A. Morelan	
14. NAME OF HUSBAND OR WIFE Ralph C. Bowman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Ralph C. Bowman, Nevada, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma, left breast with pulmonary, bone and cerebral metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) bone and cerebral metastases DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 18 years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour: [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year:		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Nevada	
20g. COUNTY Missouri		20h. STATE Missouri	
21. I attended the deceased from May 10, 1962 to Febr 22, 1963 and last saw her alive on Feb 22, 1963 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS Moore Building, Nevada, Mo.	
22c. DATE SIGNED 2-26-63		23. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE February 25	
23c. LOCATION (City, town, or county) Nevada		23d. LOCATION (City, town, or county) Missouri	
24. FUNERAL DIRECTOR Ferry Funeral Home		25. DATE RECD. BY LOCAL REG. 3-14-1963	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ray E. Ireland

Licensed Embalmer No. 5052

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.